

SALES TAX ON MEALS, PREPARED FOOD AND ALL BEVERAGES RETURN

YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.

Note: An entry must be made in each line. Enter "0," if applicable.

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN COVERS
THE CORRECT PERIOD

FOR MONTH

 Check here if EFT payment**1a. GROSS RECEIPTS FROM
THE SALE OF MEALS,
INCLUDING FOOD AND
NON-ALCOHOLIC BEV-
ERAGES (do not include
non-alcoholic beer)****1b. GROSS RECEIPTS FROM
THE SALE OF ALCOHOLIC
BEVERAGES (including
non-alcoholic beer)****1. TOTAL GROSS RECEIPTS
(ADD LINES 1A AND 1B)****2. TOTAL CHARGED FOR
TAX EXEMPT MEALS****3. TOTAL TAXABLE
RECEIPTS (SUBTRACT
LINE 2 FROM LINE 1)****4. TAX (LINE 3 × .05)****5. PENALTIES****6. INTEREST****7. TOTAL (ADD
LINES 4, 5 AND 6)**

BUSINESS NAME

BUSINESS ADDRESS

CITY/TOWN

STATE

ZIP

Return is due with payment on or before the 20th day of the month following the month indicated above. Make check payable to Commonwealth of Massachusetts. Mail to: **Mass. Dept. of Revenue, PO Box 7040, Boston, MA 02204.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature

Title

Date